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E		Application Number	09/848,674					
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Filing Date	05/03/2001 CCCV/FD					
		First Named Inventor	W. Jayasekara	W. Jayasekara				
		Examiner Name	Craig A. Renner	Craig A. Renner				
	•	Group Art Unit		2652 Toomiology Canter 2600				
Total Number of Pages in This Submission	26 + postcard	Attorney Docket Number	SJO920000096					
ENCLOSURES (check all that apply)								
X Fee Transmittal Form	Assignment P		After Allowar	ce Communication				
Fee Attached	(for an Application)		to Group					
X_ Amendment/Response	Drawing(s)		Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief; Reply Brief) Proprietary Information Status Letter Additional Enclosure(s)					
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Firm <i>or</i> Ervin F. Johnston Individual Name Evin F. Johnston								
Signature Own . Thula								
Date November/2/2003								
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FEE TRANSMITTAL Patent fees are subject to annual revision on October 1. These are the fees effective November 10, 1998. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12 See 37 C.F.R. §§ 1.27 and 1.28		Complete If Known				
		Application Number		09/848,674		
		Filing Date		05/03/2001		
		First Named Inventor		W. Jayasekara RECEIVED		
		Examiner Name		Craig A. Renner NOV 2 1 2003		
		Group / Art Unit		2652 2600 -		
TOTAL AMOUNT OF PAYMENT	(\$) 366.00	Attorney Docket No. sJO920000096U\$TeChnology Center 2600				
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)				
and credit any overpayment to: Deposit Account Number 50-2587	thorized to charge indicated fees	Large Entity Fee Fee Code (\$)	ONAL FEES Small Entity Fee Fee Code (\$)	Fee Description	Fee Paid	
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Check Money Order	Other	115 110 116 420	215 55 216 210	Extension for respons Extension for respons	e within second month	
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1. BASIC FILING FEE		128 2,010 119 330 120 330	228 1,005 219 165 220 165	Extension for respons Notice of Appeal Filing a brief in suppor		
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2. EXTRA CLAIM FEES		179 770	249 385	(37 CFR 1.129(a)) Request for continued	<u></u>	
Extra Claim Total Claims <u>52</u> - 46** = <u>6</u> x <u>-</u>	s below Fee Paid			(37 CFR 1.114)		
Independent Claims 8 5** = _3 x _86 =258 Multiple Dependent Claims x =		Other fee (specify) Other fee (specify) Other fee (specify)	Other fee (specify) Application for Patent Term Adjustment		ment	
** or number previously paid, if greater; For Reissues, see below		Other fee (specify)				
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SUBMITTED BY			co	COMPLETE (if applicable)		
Typed or Printed Name Ervin F Johnston			Reg	Number 20,190		
Signature	in - Johns	た	Dat	е	November / 2, 2003	